Case 17-23648-ABA Doc 105 Filed 10/26/21 Entered 10/26/21 09:47:03 Desc Main Document Page 1 of 7

| Fill in this information to identify your case: | | | | | |
|---|--------------------|---------------------|-----------|--|--|
| Debtor 1 | William K. Stanley | Middle Name | Last Name | | |
| Debtor 2 | Ella D. Stanley | | | | |
| (Spouse if, filling) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | DISTRICT OF NEW JER | SEY | | |
| Case number (if known) | 17-23648 | | | | |
| | | | | | |

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| your | original forms, you must fill out a new Summary and check the box at the top of this page. | | |
|------|---|--------------|--------------------------|
| Pari | Summarize Your Assets | | |
| | | Your a | ssets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 90,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 68,407.05 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 158,407.05 |
| Par | 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 279,072.24 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 36,870.34 |
| | Your total liabilities | \$ | 315,942.58 |
| Par | 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 4,794.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J. | \$ | 4,163.70 |
| Par | Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other scl | nedules. |
| 7. | Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal | , family, or |
| | Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this | s box and s | ubmit this form to |
| | | | 4 |

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Debtor 1 William K. Stanley Ella D. Stanley

Case number (if known) 17-23648

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

3,766.13

\$

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| li | | | | | | | | | | |
|------|---|--------------------------------------|---|---|------------------|-----------------|-------------------------------------|--------------------------|------------------------------------|-----------------|
| | in this information to identif | | | | | | | | | |
| Deb | Debtor 2 Ella D. Stanley | | | ======================================= | | | | | | |
| | _{use,} if filing) ted States Bankruptcy Coul | rt for the | DISTRICT OF NEW JE | ERSEY | | | | | | |
| | se number 17-23648 | 11101 1110, | BIOTRIOT OF TREWOR | | | = | Check if this | s. | | |
| | own) | | | | | | An amen | | | |
| | | | | | | | ☐ A suppler | nent showir | ng postpetition following date: | chapter |
| 01 | fficial Form 106 | Ĺ | | | | | MM / DD | YYYY | | |
| Sc | chedule I: You | r Inco | ome | | | | | | | 12/15 |
| supp | is complete and accurate plying correct information use. If you are separated at a separate sheet to this tare. Describe Emplo | n. If you a and your s form. C | are married and not filing spouse is not filing wit | g jointly, and your sp th you, do not include | ouse i inform | s livi natio | ing with you, in on about your s | lude infor ouse. If m | mation about ore space is r | your needed, |
| 1. | Fill in your employment information. | | | Debtor 1 | | | Debto | 2 or non-f | iling spouse | 17'-1 |
| | If you have more than one job, attach a separate page with information about additional employers. | | Employment status | ■ Employed□ Not employed | | | ☐ Employed Not employed | | | |
| | | | Occupation | | | | | | | |
| | Include part-time, season self-employed work. | al, or | Employer's name | 1) | | | | | | |
| | Occupation may include sor homemaker, if it applie | | Employer's address | | | | | | | |
| | | | How long employed th | nere? | | | | | | |
| Par | t 2: Give Details Ab | out Mon | thly income | | | | | | | |
| | mate monthly income as a | | te you file this form. If y | ou have nothing to rep | ort for | any I | ine, write \$0 in th | e space. In | clude your nor | 1-filing |
| | u or your non-filing spouse e space, attach a separate | | | mbine the information t | for all e | emplo | yers for that per | on on the l | ines below. If y | ou need |
| | | | | | | | For Debtor 1 | | ebtor 2 or ing spouse | |
| 2, | List monthly gross wag deductions). If not paid m | | | | 2. | \$ | 0.00 | \$ | 0.00 | |
| 3. | Estimate and list month | ıly overti | me pay. | | 3. | +\$ | 0.00 | - +\$ — | 0.00 | |
| 4. | Calculate gross Income | . Add lin | e 2 + line 3. | | 4. | \$ | 0.00 | \$_ | 0.00 | |

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| Debt Debt | | William K. Stanley Ella D. Stanley | - | Case number (if known) | 17-23648 | | |
|--------------|-------------------|---|-------------------|-----------------------------------|---------------|--------------------------|----------|
| | | | | For Debtor 1 | For Debto | | |
| | Сор | by line 4 here | 4. | \$ 0.00 | \$ | 0.00 | |
| 5. | List | all payroll deductions: | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ 0.00 | \$ | 0.00 | |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ 0.00 | \$ | 0.00 | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ 0.00 | \$ | 0.00 | |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ 0.00 | \$ | 0.00 | |
| | 5e. | Insurance | 5e. | \$ 0.00 | \$ | 0.00 | |
| | 5f. | Domestic support obligations | 5f. | \$ 0.00 | \$ | 0.00 | |
| | 5g. | Union dues | 5g. | \$ 0.00 | \$ | 0.00 | |
| | 5h. | Other deductions. Specify: | 5h.+ | \$0.00 | + \$ | 0.00 | |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | \$0.00 | \$ | 0.00 | |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$0.00 | \$ | 0.00 | |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ 0.00 | \$ | 0.00 | |
| | 8b. | Interest and dividends | 8b. | \$ 0.00 | \$ | 0.00 | |
| | 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance | 8c. 8d. 8e. | \$ 0.00 \$ 0.00 \$ 1,395.00 | \$ \$ * | 0.00 0.00 1,243.00 | |
| | | that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8f. | \$ 0.00 | \$ | 0.00 | |
| | 8g. | Pension or retirement income | 8g. | \$ 2,156.00 | \$ | 0.00 | |
| | 8h. | Other monthly income. Specify: | 8h.+ | \$ 0.00 | + \$ | 0.00 | |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$3,551.00 | \$ | 1,243.00 | |
| 10. | Calc | culate monthly income. Add line 7 + line 9. | 10. \$ | 3,551.00 + \$ | 1,243.00 | = \$ | 4,794.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | - | 0,001100 | 1,2 10.00 | | 1,101.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify: | depend | | | | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certai lies | | | | Combine | 2(-22) |
| 13. | Doy | you expect an increase or decrease within the year after you file this form | ? | | | monthly | income |
| | | No. | | | | | |
| | | Yes. Explain: | | | | | |

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| Fill | in this information to identify your c | ase | | | | |
|------------|--|--|--|---------------------|-------------------|-------------------------------|
| Deb | otor 1 William K. Stanle | ev | | Chec | k if this is: | |
| | William K. Gtarii | cy | | | An amended filing | |
| Deb | etor 2 Ella D. Stanley | | 1 | | A supplement show | ving postpetition chapter |
| (Spc | ouse, if filing) | | - | | 13 expenses as of | the following date: |
| Unit | ted States Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | <u>+</u> | - | MM / DD / YYYY | |
| Cas | e number 17-23648 | | | | | |
| (If kı | nown) | | | | | |
| Ot | fficial Form 106J | | | | | |
| So | chedule J: Your Ex | penses | | | | 12/15 |
| Be info | as complete and accurate as pos ormation. If more space is needed mber (if known). Answer every qu | ssible. If two married people are d, attach another sheet to this f | | | | |
| Par | | d | | | | |
| 1.5 | Is this a joint case? | | | | | |
| | No. Go to line 2. | | | | | |
| | Yes. Does Debtor 2 live in a | separate household? | | | | |
| | No | Official Farms 400 t 0 Farms | for 0 to 11 t | t - I-I - f D - I-I | 0 | |
| | ☐ Yes. Debtor 2 must file | e Official Form 106J-2, Expenses | tor Separate Housel | nola of Debi | or 2 | |
| 2. | Do you have dependents? | No | | | | |
| | Do not list Debtor 1 and Debtor 2. | Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | | □No |
| | dependents names. | | | | | ☐ Yes |
| | | | | | | □ No |
| | | | 2 | | | ☐ Yes |
| | | | | | | □ No □ Yes |
| | | | | | | □ Yes |
| | | | | | | ☐ Yes |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | ■ No □ Yes | | | | |
| Par | t 2: Estimate Your Ongoing N | Jonthly Evnenses | | | | |
| Est exp | imate your expenses as of your longers as of a date after the bank plicable date. | bankruptcy filing date unless yo | | | | |
| the | lude expenses paid for with non- value of such assistance and ha ficial Form 106l.) | | | | Your expe | enses |
| , | ······································ | | | | | |
| 4. | The rental or home ownership of payments and any rent for the groups of the groups of the groups. | | clude first mortgage | 4. \$ | | 1,684.70 |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | | 4a. \$ | | 0.00 |
| | 4b. Property, homeowner's, or | renter's insurance | | 4b. \$ | | 0.00 |
| | 4c. Home maintenance, repair | | | 4c₊ \$ | | 100.00 |
| 5 | 4d. Homeowner's association of | | no oguitu leese | 4d. \$ | 2 | 0.00 |
| 5. | Additional mortgage payments | ioi your residence, such as nor | ne equity loans | 5. \$ | | 0.00 |

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| Utilities: | | |
|--|--|--|
| 6a. Electricity, heat, natural gas | 6a. \$ | 300.00 |
| 6b. Water, sewer, garbage collection | 6b. \$ | 110.00 |
| 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ | 175.00 |
| 6d. Other. Specify: Mobile Telephones | 6d. \$ | 274.00 |
| Food and housekeeping supplies | 7. \$ | 600.00 |
| Childcare and children's education costs | 8. \$ | 0.00 |
| Clothing, laundry, and dry cleaning | 9. \$ | 75.00 |
| Personal care products and services | 10. \$ | 75.00 |
| Medical and dental expenses | 11. \$ | 250.00 |
| Transportation. Include gas, maintenance, bus or train fare. | | 050.00 |
| Do not include car payments. | | 250.00 |
| | | 100.00 |
| Charitable contributions and religious donations | 14. \$ | 0.00 |
| | | |
| | 45- 6 | |
| | | 0.00 |
| | | 0.00 |
| | | 170.00 |
| · · | | 0.00 |
| Specify: | 16。\$ | 0.00 |
| | 47- 6 | |
| | | 0.00 |
| | | 0.00 |
| | | 0.00 |
| | | 0.00 |
| | | 0.00 |
| | | 0.00 |
| | | 0.00 |
| | | |
| | | 0.00 |
| | | 0.00 |
| | 20c. \$ | 0.00 |
| • • • | 20d. \$ | 0.00 |
| | | 0.00 |
| | | 0.00 |
| Other, opcony, | | 0.00 |
| Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ | 4,163.70 |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10 | 6J-2 \$ | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ | 4,163.70 |
| Calculate your monthly net income. | 4 | - |
| 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. \$ | 4,794.00 |
| 23b. Copy your monthly expenses from line 22c above. | 23b\$ | 4,163.70 |
| | 1 | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income. | 23c. \$ | 630.30 |
| For example, do you expect to finish paying for your car loan within the year or do you experimedification to the terms of your mortgage? No. | Iter you file this form? ect your mortgage payment to inc | rease or decrease because of a |
| | 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, satellite, and cable services 6d. Other. Specify: Mobile Telephones Food and housekeeping supplies Childcare and children's education costs Clothing, laundry, and dry cleaning Personal care products and services Medical and dental expenses Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books Charitable contributions and religious donations Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance 15b. Health insurance 15c. Vehicle insurance 15c. Vehicle insurance 15d. Other insurance. Specify: Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Installment or lease payments: 17a. Car payments for Vehicle 1 17b. Car payments for Vehicle 1 17c. Other. Specify: Your payments of alimony, maintenance, and support that you did not repeducted from your pay on line 5, Schedule 1, Your Income (Official Form 1) Other real property expenses not included in lines 4 or 5 of this form or on 20a. Mortgages on other property 20b. Real estate taxes 20c. Property, homeowner's, or renter's insurance 20d. Maintenance, repair, and upkeep expenses 20e. Homeowner's association or condominium dues Other: Specify: Calculate your monthly expenses for Debtor 2), if any, from Official Form 10 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly expenses for Debtor 2), if any, from Official Form 10 22c. Add line 22a and 22b. The result is your monthly expenses. Calculate your monthly expenses from Jour expenses within the year at Fore at the second payments of the finish paying for your carloan within the year or do you expect to finish paying for your carloan within the year or do you expendedification to the terms of your mortgage? | 6b. Water, sewer, garbage collection 6c. Telephone, cell phone, Internet, stellite, and cable services 6c. Telephone, cell phone, Internet, stellite, and cable services 6c. Telephone, cell phone, Internet, stellite, and cable services 6c. Telephone, cell phone, Internet, stellite, and cable services 6c. Telephone, cell phone, Internet, stellite, and cable services 6c. Telephone cell phone, Internet, stellite, and cable services 6c. Telephone cell phone, Internet, stellite, and cable services 6c. Telephone cell phone, Internet, Stellite, and cable services 6c. Telephone cell phone, Internet, Stellite, and cable services 6c. Telephone cell phone, Internet, Stellite, and cable services 6c. Telephone cell phone, Internet, Stellite, and the services 6c. Telephone cell phone, Internet, Stellite, Stell |

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| Fill in this information to identify your case: | | | | | |
|---|----------------------------|------------------------|-----------|--|--|
| Debtor 1 | William K. Stanle | | | | |
| Debtor 2 | First Name Ella D. Stanley | Middle Name | Lasl Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States E | Bankruptcy Court for the: | DISTRICT OF NEW JERSEY | | | |
| Case number | 17-23648 | | | | |
| (if known) | | | | | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | | | | | | |
|---|---|--|--|--|--|--|
| Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms? | | | | | | |
| ■ No | | | | | | |
| ☐ Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119) | | | | | |
| | Decialation, and digitative (Citician Citin 113) | | | | | |
| Under penalty of perjury, I declare that I have read the summarthat they are true and correct. | ry and schedules filed with this declaration and | | | | | |
| X Is/ William K. Stanley William K. Alax | X Isl Ella D. Stanley Ella O. Stoly | | | | | |
| William K. Stanley Signature of Debtor 1 | Ella D. Stanley Signature of Debtor 2 | | | | | |
| - | Date October 22, 2021 | | | | | |
| Date October 22, 2021 | Date October 22, 2021 | | | | | |